



# FIRST THINGS FIRST

*The right system for bright futures*

## NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL 2011 FUNDING PLAN SUMMARY

Regional Allocation 2011: \$ 10,137,299

Carry Forward from 2010: \$ 2,562,484

Funding Available for Allocation in 2011: \$ 12,699,783

Prioritized Needs	Goal Area	Proposed Strategies	Portion of Regional Allocation	Recommendation to the Board
Limited access to quality early care and education	Quality, Access & Affordability	Quality First	\$1,537,940	Recommend Approval
Limited access to quality early care and education	Health	Child Care Health Consultants	\$960,000	Recommend Approval
Limited access to quality early care and education	Health	Mental Health Consultants	\$960,000	Recommend Approval
Limited access to quality early care and education	Professional Development	Professional REWARD\$	\$200,000	Recommend Approval
More training and professional development opportunities for early childhood care providers.	Professional Development	T.E.A.C.H. scholarships	\$495,340	Recommend Approval
Limited access to parent education, information, and support	Quality, Access & Affordability	Family, Friend & Neighbor	\$250,000	Recommend Approval
Limited access to parent education, information, and support	Family Support	Home Visiting	\$1,500,000	Recommend Approval
Limited access to parent education, information, and support	Family Support	Family Literacy	\$1,000,000	Recommend Approval
Limited access to parent education, information, and support	Family Support	Crisis Prevention	\$400,000	Recommend Approval
Limited access to and utilization of preventive health care	Health	Oral, Vision and Hearing Screening	\$740,000	Recommend Approval
Limited access to and utilization of preventive health care	Health	Health-E Applications	\$440,000	Recommend Approval

Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts	Communication	Communications Campaign	\$500,000	Recommend HOLD
More training and professional development opportunities for early childhood care providers	Professional Development	Community Based Training for Early Education Professionals	\$200,000	Recommend Approval
Limited access to parent education, information, and support	Family Support	Supplemental Family Support	\$500,000	Not being submitted for board approval
Limited access to parent education, information, and support	Family Support	Teen Parent Care Coordination	\$1,200,000	Not being submitted for board approval
		Regional Needs & Assets	\$100,000	Not being submitted for board approval
		<b>Subtotal of Expenditures</b>	\$10,983,280	
		<b>Fund Balance</b>	\$1,716,503	
		<b>Grand Total</b>	\$12,699,783	



# North Phoenix Summary Financial Chart SFY 2010-2012

	SFY 2010	SFY 2011	SFY 2012 ESTIMATED	Total
<b>Revenue</b>				
FTF Total Allocation for the SFY	\$9,950,096	\$10,137,299	\$10,137,299	\$30,224,694
Fund Balance (carry forward from previous SFY)	N/A	\$1,992,484	\$1,169,503	
<b>Total Available Funds</b>	<b>\$9,950,096</b>	<b>\$12,129,783</b>	<b>\$11,306,802</b>	
Strategies	SFY 2010	SFY 2011	SFY 2012	Total
	OBLIGATED	PROPOSED	ESTIMATED	
1 Quality First	\$746,225	\$1,514,940	\$2,263,655	\$4,524,820
2a Child Care Health Consultants	\$870,000	\$960,000	\$720,000	\$2,550,000
2b Mental Health Consultants	\$480,000	\$960,000	\$960,000	\$2,400,000
3 Professional REWARD\$	\$180,000	\$200,000	\$200,000	\$580,000
4 T.E.A.C.H.	\$477,500	\$495,340	\$514,580	\$1,487,420
5 FFN Professional Development	\$250,000	\$250,000	\$250,000	\$750,000
6a Home Visitation - Nurse Family Partnership	Removed	\$0	\$0	\$0
6b Home Visitation - EXPEDITED	\$1,000,000	\$1,500,000	\$1,500,000	\$4,000,000
7a Family Literacy - In Home	Removed	\$0	\$0	\$0
7b Family Literacy - Community Based	\$400,000	\$1,000,000	\$1,000,000	\$2,400,000
8 Crisis Prevention	\$90,000	\$400,000	\$400,000	\$890,000
9 Child Care Affordability Study	Removed	\$0	\$0	\$0
10a Oral Health Screen, Referral & Flouride Varnish				
10b Vision and Hearing Screen & Referral	\$0	\$740,000	\$740,000	\$1,480,000
11 Health-E Application	\$220,000	\$440,000	\$440,000	\$1,100,000
12 Communications	\$235,000	\$500,000	\$365,000	\$1,100,000
13 Community Based Training for Early Education Professionals	\$0	\$200,000	\$200,000	\$400,000
14 Supplementary Family Support	\$0	\$500,000	\$500,000	\$1,000,000
15 Teen Parent Care Coordination	\$0	\$1,200,000	\$1,200,000	\$2,400,000
Emergency Food Boxes	\$33,288	\$0	\$0	\$33,288
Emergency Scholarships	\$2,885,599	\$0	\$0	\$2,885,599
Needs and Assets	\$90,000	\$100,000	\$50,000	\$240,000
<b>Subtotal Expenditures</b>	<b>\$7,957,612</b>	<b>\$10,960,280</b>	<b>\$11,303,235</b>	<b>\$30,221,127</b>
<b>Fund Balance (carry forward)</b>	<b>\$1,992,484</b>	<b>\$1,169,503</b>	<b>\$3,567</b>	<b>\$3,567</b>
<b>Total</b>	<b>\$9,950,096</b>	<b>\$12,129,783</b>	<b>\$11,306,802</b>	



**NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL  
FUNDING PLAN  
SFY 2011: July 1, 2010– June 30, 2011**

**I. Regional Allocation**

Regional Allocation	SFY 2010	SFY 2011
Population Based Allocation	\$ 7,871,209	\$ 8,129,279
Discretionary: Baseline Adjustment	0	0
Discretionary: Frontier Community	0	0
Other Discretionary: Emergency Child Care Scholarships	\$ 2,045,599	
Other Discretionary: Emergency Food Support	\$ 33,288	
Other Discretionary: 2011		\$ 2,008,020
Other Income	0	0
Total Income	\$ 9,950,096	\$10,137,299

## II. SFY 2010 Funding Plan Progress Report

A. The table below provides a summary of the North Phoenix Regional Partnership Council's prioritized needs, goals, key measures, and strategies for the SFY 2010 funding plan.

Identified Need	Goal	Key Measures	Strategy Name and Description	Target Service Numbers and Geographic Service Area
Limited access to quality early care and education.	Goal 1: FTF will improve access to quality early care and education programs and settings.	<ul style="list-style-type: none"> <li>*Total number of early care and education programs participating in the QIRS system.</li> <li>*Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score.</li> </ul>	<b>Strategy 1: Quality First!</b> Expand the number of centers/homes in the North Phoenix Region participating in Quality First!	Target Service Number: 20 Centers 5 Homes  No specific geographic area identified; it was the Council's intent to have representation across the entire Region.
	*Increase in the # of centers with access to health care consultants.		<b>Strategy 2a: Child Care Health Consultants</b> To improve children's health, safety and quality of interactions with providers and increase early identification of health or developmental concerns.	Target Service Number: 8 staff Services provided to at least 240 Centers/Homes throughout the entire North Phoenix Region

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

		<p>*Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</p>	<p><b>Strategy 2b: Mental Health Consultants</b> To improve children's quality of interactions with providers and increase early identification of mental health concerns.</p>	<p>Target Service Number: 8 staff Services provided to at least 240 Centers/Homes throughout the entire North Phoenix Region</p>
		<p>*Retention rates of early childhood development and health professionals.</p>	<p><b>Strategy 3: FTF Professional REWARDS</b> Implement a wage enhancement and retention program tied to T.E.A.C.H. scholar's completion of early childhood certification or degree.</p>	<p>Target Service Number: 180 early childhood professionals</p>
<p>More training and professional development opportunities for early childhood care providers.</p>	<p><b>Goal 8: FTF will build a skilled and well prepared early development workforce.</b></p>	<p>*Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development.</p> <p>*Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	<p><b>Strategy 4: T.E.A.C.H.</b> Provide additional scholarships beyond those provided through participation in Quality First!</p>	<p>Target Service Number: 125 scholars Applicants can be for CDA certification or AA degree</p>



NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

More training and professional development opportunities for early childhood care providers.	Goal 8: FTF will build a skilled and well prepared early development workforce.	<p>*Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development.</p> <p>*Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	<p>Strategy 5: Family, Friend and Neighbor Care Support for quality and professional development. Increase and improve skills and support for early care and education providers.</p>	<p>Target Service Number: 150 home-based care providers</p>
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NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

Limited access to parent education, information and support.	<p><b>Goal 11:</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p><b>Goal 12:</b> FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>*Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.</p>	<p>(Removed strategy) <b>Strategy 6a:</b> Home Visitation – Nurse Family Partnership Program Create or expand home visitation programs to provide family support.</p>	Target Service Number: 0 – removed strategy
		<p>*Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.</p>	<p><b>Strategy 6b:</b> Home Visitation Create or expand home visitation programs to provide family support using a combination of models.</p>	Target Service Number: 425 families

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

		<p>*Percentage of families with children birth through age five who report they maintain language and literacy rich home environments.</p> <p>*Percentage of families with children birth through age five who report reading to their children daily in their primary language.</p>	<p><b>Strategy 7: Family Literacy</b> Create or expand services to parents or caregivers aimed at fostering the literacy development for children ages 0 through 5 using a combination of models.</p> <p>(Removed "in-home" models)</p>	<p>Target Service Number: 0 – In-home/removed strategy 20,000 children – community based models</p>
		<p>*Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.</p>	<p>(Removed Strategy) <b>Strategy 8: Warm Line</b> Establish or enhance a telephone "warm line" to provide families access to parenting information and resources 24 hours per day.</p>	<p>Target Service Number: 0 – removed strategy</p>
			<p><b>Revised Strategy 8: Crisis Prevention</b> Expand the capacity of programs that assist families that are in crisis or at high risk of crisis in order to prevent child abuse or neglect.</p>	<p>Target Service Number: 150 – 700 families</p>

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

Need for affordable early care and education	<b>Goal 3:</b> FTF will increase availability and affordability of early care and education settings.	<p>*Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth through age five.</p> <p>*Current cost of early care and education for families as a proportion of the median income for a family of four.</p>	<p><b>(Removed Strategy) Strategy 9:</b> Child Care Affordability Study Determine how best to improve affordability of quality early childhood education and care by engaging in a statewide pilot project/study that provides scholarships or vouchers to parents enrolling their children in quality care.</p>	Target Service Number: 0 – removed strategy
			<p><b>Revised Strategy 9:</b> Child Care Tuition Scholarships Continue implementation of the “emergency” Child Care Tuition Scholarship program.</p>	Target Service Number: 133 full-time scholarships, for a period of 10 months each  (\$840,000)
Limited access to and utilization of preventive health care.	<b>Goal 11:</b> FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to	<p>*Total number and percentage of children with appropriate and timely oral health visits</p>	<p><b>Strategy 10:</b> Oral Health, Screen, Referral &amp; Varnish Increase children’s access to preventive dental care by expanding oral health screenings, applying fluoride varnishes, and referring children for follow-up treatment.</p>	Target Service Number: 8,000 children

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

	support their child's optimal development.	*Total number and percentage of children with health insurance	<b>Strategy 11:</b> Health-E Applications Collaborate with AHCCCS to expand Health-E Applications so more families will enroll in and retain health coverage and other public benefits for their young children.	Target Service Number: 1,500 families assisted or trained
Statewide - economic and employment recession	<b>Goal 11:</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.	*Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being	Emergency Food Boxes	Target Service Number: \$33,288 – discretionary allocation for North Phoenix.  All Maricopa Regions combined allocations for this strategy. Report as of June 2009 identifies 15,779 food boxes distributed throughout Maricopa County.
Statewide - economic and employment recession	<b>Goal 3:</b> FTF will increase availability and affordability of early care and education settings.	*Current cost of early care and education for families as a proportion of the median income for a family of four. *Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five	Emergency Child Care Scholarships	Target Service Number: \$1,961,000 / \$600 per month / 4 months  817 children



NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts.	<b>Goal 15:</b> FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	*Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters. *Percentage of Arizonans who have increased their knowledge regarding the importance of early intervening to improve overall health and development of children.	<b>Strategy 12:</b> Communications Engage in a communications campaign that works in partnership with other Regional Partnership Councils and the FTF Board.	Target Service Number: TBD
Planning	<b>Goal 14:</b> FTF will collect and disseminate accurate and relevant data related to early childhood development and health		Needs and Assets	1 completed Regional Report 1 completed Family Resource Report

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

**B. 1) Budget Summary, 2010 Funding Plan**

A	B	C	D
SFY 2010 BUDGET	SFY 2010 CURRENT	Obligated in SFY 2010	Unobligated in SFY 2010
<b>TOTAL REVENUE</b>	\$9,950,096	\$9,950,096	\$9,950,096
<b>Strategies</b>	<b>SFY 2010</b>	<b>SFY 2010</b>	<b>SFY 2010</b>
1. Quality First	\$746,225	\$746,225	\$0
2a. Child Care Health Consultants	\$870,000	\$870,000	\$0
2b. Mental Health Consultants	\$870,000	\$480,000	\$390,000
3. Professional REWARDS	\$360,000	\$180,000	\$180,000
4. T.E.A.C.H.	\$477,500	\$477,500	\$0
5. FFN Professional Development	\$250,000	\$250,000	\$0
6a. Home Visitation - Nurse Family Partnership	Removed	\$0	\$0
6b. Home Visitation - Expedited	\$1,000,000	\$1,000,000	\$0
7a. Family Literacy - In Home	Removed	\$0	\$0
7b. Family Literacy - Community Based	\$400,000	\$400,000	\$0
8. Crisis Prevention	\$200,000	\$90,000	\$110,000
9. Child Care Affordability Study	Removed	\$0	\$0
10. Preventive Dental	\$60,000	\$0	\$60,000
11. Health-E Applications	\$440,000	\$220,000	\$220,000
Emergency Food Boxes*	\$33,288	\$33,288	\$0
Emergency Child Care*	\$2,885,599	\$2,885,599	\$0
Communication	\$235,000	\$235,000	\$0
Needs and Assets a. Regional Report	\$15,000	\$15,000	\$0
Needs and Assets b. Family Resource Report	\$75,000	\$75,000	\$0
Evaluation	not funded	\$0	\$0
<b>Subtotal</b>	<b>\$8,917,612</b>	<b>\$7,957,612</b>	<b>\$960,000</b>
<b>Fund Balance/Carry Forward</b>	<b>\$1,032,484</b>		<b>\$1,032,484</b>
<b>Total</b>	<b>\$9,950,096</b>	<b>\$7,957,612</b>	
<b>Carry Forward Plus Unobligated - available for 2011 funding plan</b>			<b>\$ 1,992,484</b>



2) Progress with SFY 2010 Funding Plan

A	B	C	D	E	F	G	H
#	Strategy Name	Description	Regional Allocation	Target Service Numbers	Awards Made	Service Numbers	Status/Notes
1	Quality First	Build on the state-wide investments and expand the number of programs participating in the Quality Improvement and Rating System (Quality First!)	\$746,225	20 centers 5 homes	FTF Statewide Initiative	20 centers 5 homes	10 centers awarded, 3 homes awarded as of 10/27/09.
2a	Child Care Health Consultants	Build on the statewide investment by providing this service to homes/centers not involved with Quality First!. Improve children's health, safety and quality of interactions with providers and increase early identification of	\$870,000	8 staff 240 centers/homes	FTF Statewide Initiative Maricopa County Health Department	8 staff 240 centers/ homes	Contract with County Health Department awarded in September 2009.



NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

		health or developmental concerns							
2b	Mental Health Consultants	Improve children's health, safety and quality of interactions with providers and increase early identification of health or developmental concerns.	\$870,000	8 staff 1:25 ratio 200 centers/ homes	FTF Statewide Initiative	pending	Agreement anticipated in January 2010		
3	FTF Professional REWARDS	Wage enhancement and retention strategy. Implement a wage compensation program tied to scholars participating in T.E.A.C.H. to increase retention of credentialed staff in the early care and education work force.	\$360,000	180 early childhood professionals	FTF Statewide Initiative	Pending	Not yet awarded. RFGA released October 2009.  Anticipate award to be made for up to \$180,000 and service to begin December 2009.		
4	T.E.A.C.H.	Build on the statewide investment by providing this	\$477,500	125 scholars \$80,000 for one	FTF Statewide Initiative	As of 9/30/09 3 applications have been			

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

		service to early education providers not involved with Quality First to increase retention of credentialed staff in the early care and education work force.		time purchase of computers for involved Centers		received	
5	Family, Friend and Neighbor	Provide support, increase and/or improve skills for early care and education home providers.	\$250,000	150 home care providers	Grantee in Place Association for Supportive Child Care	180 home care providers	Contract awarded in September 2009, with services to begin in October 2009
6a	Home Visitation – Nurse Family Partnership	Removed	Removed - \$0				Removed (Originally \$525,000 March 2009 Regional Council Meeting approved allocating this money toward Expedited Home Visitation Services)
6b	Home Visitation – combination of models	Expand home visiting models to offer family support for those families who are not currently served through	\$1,000,000	425 families	Three grantees were awarded contracts through the expedited process.		(Originally \$525,000 March 2009 Regional Council Meeting approved allocating \$1,000,000 of funding in 6a and 6b toward Expedited



NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

		traditional settings.					each session:	
							6 part-time library assistants 380-500 families	Per the agreement with the Phoenix Public Libraries signed in September 2009, services will begin no later than January 2010.
7b	Family Literacy Development – home based	Using an evidence-based model, provide in-home services aimed at fostering literacy development for children ages 0 through 5 and their parents	Removed - \$0					Removed (Originally a total of \$1,000,000 in this strategy - 7a and 7b combined). Change approved in March 2009 Regional Council Meeting to utilize \$600,000 for Emergency Child Care Tuition Scholarships.
8	Crisis Prevention (Originally Warm Line Strategy)	Expand the capacity of programs that assist families that are in crisis or at high risk of crisis in order to prevent child abuse or neglect.	\$200,000	150 – 700 families	Pending	Pending		RFGA released October 2009  Services expected to begin in February 2010
9	Pilot project/Study	Statewide initiative to determine how best to improve affordability of	Removed - \$0					Removed  (Originally \$240,000 in March 2009 Regional Council



NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

		quality early childhood education and care.					Meeting approved moving entire allocation to Emergency Child Care Tuition Scholarships)  Revised strategy to Child Care Tuition Scholarships. Regional funding began after emergency scholarships ended. Approximately 133 full time scholarships over ten months were funded.
10	Preventive Dental Care	Increase delivery of oral health screenings and referrals, and provide fluoride varnishing.	\$60,000	8,000 children			RFGA was released but no awards were recommended. At the October 2009 Regional Council Meeting it was determined to expand this strategy for the 2011 funding plan and to not release this again in this fiscal year.
11	Health-E Applications -- community assistor sites and outreach materials	Collaborate with AHCCCS to expand the Health-E Applications sites so more	\$440,000	1,500 families assisted or trained 3-5 sites within the community	Pending	Pending	Continued discussion with AHCCCS and DES to establish structure and mutual agreement for

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

		families will enroll in and retain health coverage and other public benefits for their young children.		utilizing community partners			delivery of program services. Anticipate an agreement for up to \$220,000 by December 2009.
12	Communication Campaign	Increase community support, financial investment in early childhood development and health. Strategy details in development.	\$235,000		Pending	Pending	Pending. The Regional Council continues to expect award(s) for the total allocated amount upon completion of the statewide communications strategy
	Regional Needs & Assets	Regional Needs & Assets	a. \$15,000 b. \$75,000	a. 1 completed Needs & Assets report for the North Phoenix Region b. 1 completed Community Resource Report for the North Phoenix Region	Pending	Pending	Pending award – anticipated in January 2010.
	Emergency Food Box	Assist with food insecurity within the North Phoenix Region and across Maricopa County	\$33,288	Target Service Numbers:	See attached list (Attachment A) of Food Providers serving the Maricopa and Phoenix Regional Partnership Councils.	Service Numbers: 15,779 throughout all of Maricopa County as of June 2009	Expedited Agreements through Emergency Response Opportunity

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

Emergency Child Care Tuition Scholarships		Total \$2,885,599 Discretionary Allocation of \$2,045,599 Regional Council Addition of \$840,000	Target Service Numbers: \$2,045,599 / \$600 per month / 4 months  852 children  \$840,000 / \$600 per month / 10 months  140 children	Statewide agreement with Valley of the Sun United Way as administrative home. Additional funding approved by the Regional Council March 2009.	Regional Scholarships began in September 2009 after the Discretionary Allocation for emergency scholarships was exhausted.
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### **III. SFY 2011 Funding Plan**

#### **A. Prioritized Needs: Provide explanation for any changes to the prioritized needs from the SFY 2010 Regional Funding Plan.**

The North Phoenix Regional Partnership Council is cognizant of the continued economic difficulties faced by most Arizonans. State tax revenues have severely declined. As a result, state funding for critical safety net services to families with young children has been reduced, or in some cases eliminated. Continuing on a path of quick fixes and fragmentation does not solve the state budget crisis nor does it place Arizona and its children in a competitive posture for the future. The North Phoenix Regional Partnership Council remains focused on the mission and vision of First Things First – building a comprehensive, quality early childhood education and health care system. Regional funds will not be diverted to replace state budget cuts for basic safety net programs. The North Phoenix Council believes that investing in coordinated, evidence-based strategies to improve early learning and health outcomes for children remains paramount for the success of all families in Arizona.

The North Phoenix Regional Partnership Council has examined the priorities set in the SFY 2010 funding plan and based upon the identified needs and assets of the region, the Regional Council will maintain the following list of prioritized needs to address in SFY 2011 and the next three-year period:

1. Limited access to quality early care and education.
2. More training and professional development opportunities for early childhood care providers.
3. Access to parent education, information and support.
4. Affordable early care and education.
5. Access to and utilization of preventive health care.
6. Limited understanding and information about the importance of early childhood development and health, and limited support by the community around early childhood development and health efforts.



**B. Goals, Key Measures and Strategies:** Include in the table below the prioritized needs, goals, key measures and strategies for SFY 2011. Highlight any changes from the previous year.

Identified Need	Goal	Key Measures	Strategy Name and Description	Targeted Service Numbers and Geographic Service Area
Limited access to quality early care and education.	<b>Goal 1:</b> FTE will improve access to quality early care and education programs and settings.	<p>*Total number of early care and education programs participating in the QIRS system.</p> <p>*Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score.</p>	<p><b>Strategy 1:</b> Quality First! Expand the number of centers/homes in the North Phoenix Region participating in Quality First!</p>	<p><u>Target Service Number: Increase service for 2011 to 42 centers, 12 homes.</u></p> <p><u>From 20 centers and 5 homes in 2010.</u></p>
		<p>*Increase in the # of centers with access to health care consultants.</p>	<p><b>Strategy 2a:</b> Child Care Health Consultants To improve children's health, safety and quality of interactions with providers and increase early identification of health or developmental concerns.</p>	Target Service Number: 240 centers/homes utilizing 8 full time staff
		<p>*Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</p>	<p><b>Strategy 2b:</b> Mental Health Consultants To improve children's quality of interactions with providers and increase early identification of mental health concerns.</p>	Target Service Number: 240 centers/homes utilizing 8 full time staff

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

More training and professional development opportunities for early childhood care providers.		*Retention rates of early childhood development and health professionals.	<p><b>Strategy 3: FTF Professional REWARDS</b> Implement a wage enhancement and retention program tied to T.E.A.C.H. scholar's completion of early childhood certification or degree.</p>	<p><u>Target Service Number: Decrease service numbers to 100 scholars completing a credential or degree in 2011 (from 180 scholars in 2010). Decrease will more accurately reflect the actual number of scholars eligible and should still maintain the Council's original intent of 80% of eligible scholars.</u></p>
More training and professional development opportunities for early childhood care providers.	<p><b>Goal 8: FTF will build a skilled and well prepared early childhood development workforce.</b></p>	<p>*Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development.</p> <p>*Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	<p><b>Strategy 4: T.E.A.C.H.</b> Provide additional scholarships beyond those provided through participation in Quality First!</p>	<p><u>Target Service Number: Increase service numbers to 155 early childhood professionals for 2011 (from 125 in 2010)</u></p>
More training and professional development opportunities for early childhood care providers.	<p><b>Goal 8: FTF will build a skilled and well prepared early childhood development workforce.</b></p>	<p>*Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development.</p> <p>*Total number and percentage of professionals working in early childhood</p>	<p><b>Strategy 5: Family, Friend and Neighbor Care Support for quality and professional development.</b> Increase and improve skills and support for early care and education providers.</p>	<p><u>Target Service Number: Increase service numbers to 180 home-based care providers in 2011 (from 150 providers in 2010)</u></p>

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

Limited access to parent education, information and support	<p>care and education who are pursuing a credential, certificate, or degree.</p> <p>*Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.</p>	<p><b>Goal 11:</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p><b>Goal 12:</b> FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p><u>(Removed strategy) Strategy 6a: Home Visitation – Nurse Family Partnership Program</u> <u>Create or expand home visitation programs to provide family support.</u></p> <p><b>Strategy 6b: Home Visitation</b> Create or expand home visitation programs to provide family support using a combination of models.</p> <p><b>Strategy 7: Family Literacy</b> Create or expand services to parents or caregivers aimed at fostering the literacy development for children ages 0 through 5 using a combination of models.</p>	<p>0 – Removed Strategy</p> <p><u>Target Service Number: Increase service numbers to 625 families for 2011 (from 425 families in 2010)</u></p> <p><u>Target Service Number: Increase service numbers to 20,000 families for 2011 (from 8,000 families in 2010)</u></p>
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NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

			<p>*Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.</p>	<p><u>Strategy 8: Crisis Prevention (formally Warm Line Strategy)</u> Expand the capacity of programs that assist families that are in crisis or at high risk of crisis in order to prevent child abuse or neglect.</p>	<p><u>Target Service Number: Increase service numbers to 300 – 1,400 families in 2011 (from 150 – 700 families in 2010)</u></p>
Need for affordable early care and education	<p><u>Goal 3: FTF will increase availability and affordability of early care and education settings.</u></p>	<p>*Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth through age five.</p> <p>*Current cost of early care and education for families as a proportion of the median income for a family of four.</p>		<p><u>Strategy 9: Child Care Affordability Study: moved funding to Emergency Child Care Tuition Scholarships.</u></p>	<p>0 – Removed Strategy</p>
Limited access to and utilization of preventive health care.	<p><u>Goal 4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</u></p>	<p>*Total number and percentage of children with appropriate and timely oral health visits.</p>		<p><u>Strategy 10a: Oral Health Screen, Referral &amp; Fluoride Varnish</u>  Increase children's access to preventive care by expanding oral health screening, applying fluoride varnish, and referring children for follow-up treatment.</p>	<p><u>Target Service Number: 3,500 – 4,000 children combined for 10a and 10b</u></p>

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

		<u>*Ratio of children referred and found eligible for early intervention</u>	<u>Strategy 10b: Vision and Hearing Screen and Referral</u>  <u>Increase children's access to preventive care by completing vision and hearing screenings, and referring children for follow-up treatment.</u>	<u>(see above)</u>
		<u>*Total number and percentage of children with health insurance</u>	<u>Strategy 11: Health-E Applications</u> Collaborate with AHCCCS to expand Health-E Applications so more families will enroll in and retain health coverage and other public benefits for their young children.	<u>Target Service Number: Increase service numbers to 2,000 families assisted in 2011 (from 1,000 families assisted in 2010)</u>
Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts.	<u>Goal 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</u>	<u>*Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters.</u>  <u>*Percentage of Arizonans who have increased their knowledge regarding the importance of early intervening to improve overall health and development of children.</u>	<u>Strategy 12: Communication</u> Engage in a communications campaign that works in partnership with other Regional Partnership Councils and the FTF Board.	<u>Target Service Number: TBD</u>
More training and professional development opportunities for early childhood care providers.	<u>Goal 8: FTF will build a skilled and well prepared early childhood development workforce.</u>	<u>*Total number and percentage of professionals working in early childhood care and education settings who are pursuing a credential, certificate, or degree.</u>	<u>Strategy 13: Community Based Training for Early Child Care Professionals</u>	<u>Target Service Number: TBD</u>

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$10,137,299

Limited access to parent education, information and support.	<b>Goal 11:</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.	<u>TBD</u>	<u>Strategy 14: Additional Family Support Strategy – to be developed</u>	<u>Target Service Number: TBD</u>
		<ul style="list-style-type: none"><li>Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being?</li></ul>	<u>Strategy 15: Teen Parent Care Coordination</u> <u>Focus on teen parents. Will work in collaboration with high schools/charter schools/technical schools, and accredited centers/high quality centers to provide a comprehensive family support service that wraps scholarships, transportation assistance and parenting education.</u>	<u>Target Service Number: 140 families in 2011</u>



**C. New Strategies.** List of strategies; please see Appendix A for the Strategy Worksheets.

Oral, Hearing, Vision Screening (Strategy 10a and 10b) – revising/adding components.

Community Based Training for Early Education Professionals (Strategy 13) – new.

Supplemental family support strategy(Strategy 14) – new and yet to be completely developed by the Council. **Council is not requesting approval of the strategy at this time.**

Teen Parent Care Coordination (Strategy 15) – new and yet to be completely developed by the Council. **Council is not requesting approval of the strategy at this time.**

**D. Summary Financial Chart SFY 2010-2012**

a	b	c	d	e
	SFY 2010	SFY 2011	SFY 2012 ESTIMATED	Total
<b>Revenue</b>				
FTF Total Allocation for the SFY	\$9,950,096	\$10,137,299	\$10,137,299	\$30,224,694
Fund Balance (carry forward from previous SFY)	N/A	\$1,992,484	\$1,169,503	
<b>Total Available Funds</b>	\$9,950,096	\$12,129,783	\$11,306,802	
	SFY 2010	SFY 2011	SFY 2012	Total
<b>Strategies</b>	OBLIGATED	PROPOSED	ESTIMATED	
1 Quality First	\$746,225	\$1,514,940	\$2,263,655	\$4,524,820
2a Child Care Health Consultants	\$870,000	\$960,000	\$720,000	\$2,550,000
2b Mental Health Consultants	\$480,000	\$960,000	\$960,000	\$2,400,000
3 Professional REWARDS	\$180,000	\$200,000	\$200,000	\$580,000
4 T.E.A.C.H.	\$477,500	\$495,340	\$514,580	\$1,487,420
5 FFN Professional Development	\$250,000	\$250,000	\$250,000	\$750,000
6a Home Visitation - Nurse Family Partnership	Removed	\$0	\$0	\$0
6b Home Visitation - EXPEDITED	\$1,000,000	\$1,500,000	\$1,500,000	\$4,000,000
7a Family Literacy - In Home	Removed	\$0	\$0	\$0
7b Family Literacy - Community Based	\$400,000	\$1,000,000	\$1,000,000	\$2,400,000
8 Crisis Prevention	\$90,000	\$400,000	\$400,000	\$890,000
9 Child Care Affordability Study	Removed	\$0	\$0	\$0
10a Oral Health Screen, Referral & Fluoride Varnish				
10b Vision and Hearing Screen & Referral	\$0	\$740,000	\$740,000	\$1,480,000
11 Health-E Application	\$220,000	\$440,000	\$440,000	\$1,100,000
12 Communications	\$235,000	\$500,000	\$365,000	\$1,100,000
13 Community Based Training for Early Education Professionals	\$0	\$200,000	\$200,000	\$400,000
14 Supplementary Family Support	\$0	\$500,000	\$500,000	\$1,000,000
15 Teen Parent Care Coordination	\$0	\$1,200,000	\$1,200,000	\$2,400,000
Emergency Food Boxes	\$33,288	\$0	\$0	\$33,288
Emergency Scholarships	\$2,885,599	\$0	\$0	\$2,885,599
Needs and Assets	\$90,000	\$100,000	\$50,000	\$240,000
<b>Subtotal Expenditures</b>	<b>\$7,957,612</b>	<b>\$10,960,280</b>	<b>\$11,303,235</b>	<b>\$30,221,127</b>
<b>Fund Balance (carry forward)</b>	<b>\$1,992,484</b>	<b>\$1,169,503</b>	<b>\$3,567</b>	<b>\$3,567</b>
<b>Total</b>	<b>\$9,950,096</b>	<b>\$12,129,783</b>	<b>\$11,306,802</b>	



**E. Provide explanation for each strategy which has funding level changes from prior year.  
(excluding emergency scholarships and food boxes)**

The North Phoenix Regional Partnership Council recognizes the need to build the support for strategies serving early care and education over the next three year period. Increases in most of the strategies reflect the Council's intent to support the development of capacity, and ensure adequate scope, reach and impact across all goal areas.

**Strategy 1 Quality First:** Increasing funding from \$746,225 to \$1,514,940; slightly more than doubling of service numbers. Allocation in 2010 intended to fund 20 Centers and 5 Homes; the allocation in 2011 is intended to fund 42 Centers and 12 Homes. Projected increases in funding over the next 3 years will allow opportunity for nearly 50 percent of the regulated centers to begin the Quality Improvement process. The Regional Council intends to sustain support for each enrolled center or home for a three year period.

**Strategy 2a Child Care Health Consultants:** – Increased funding from \$870,000 to \$960,000 in order to continue to serve all of the regulated child care centers and homes in the region not already involved with Quality First!. This increase reflects the increased costs for 2011 Child Care Health Consultation and the intentions of the 2010 plan to provide funding for 8 Consultants to serve 240 centers or homes.

**Strategy 2b Mental Health Consultants:** Increased funding from \$480,000 to \$960,000 in order to continue to serve all of the regulated child care centers and homes in the region. This increase reflects the increased costs for 2011 Mental Health Consultation and the intentions of the 2010 plan to provide funding for 8 Consultants to serve 240 centers or homes. This increased allocation for 2011 is also inclusive of service provision for an entire year versus costs associated with a mid-year implementation.

**Strategy 3 FTF Professional REWARD\$:** Wage Enhancement and Retention for early care and education. Target Service Number: Decrease service number to 100 scholars completing a credential or degree in 2011 (from 180 scholars in 2010). Decrease will more accurately reflect the actual number of scholars eligible and should still maintain the Council's original intent of 80% of eligible scholars. The Council's intent to is provide this to scholars once they have ACHIEVED a credential or degree – it will take some time for additional scholars to get to this point.

**Strategy 4 T.E.A.C.H.:** Increased funding from \$477,500 to \$495,340 reflects the intention of the Regional Council to continue to bring this strategy to scale. There are an estimated 1,500 early care and education professionals in the region. Projected increase in funding over the next 3 years will allow the opportunity for 25 percent of the eligible scholars to receive a scholarship. 155 scholarships will be offered in SFY 2011 through the regional allocation, increased from 125 in 2010. There are an additional 137 scholarships offered in the region through participation in the state and regionally funded Quality First sites.

**Strategy 6b Home Visitation:** Increased funding from \$1,000,000 to \$1,500,000 to increase service numbers within the region. Gaps of service, as identified by the outcome and data reports received from existing grantees over the next several months, will determine where/who/how those extra service numbers will be allotted. The Regional Council intends to continue to have as a priority single parents, teen parents, and low-income parents. The Regional Council also intends to continue to use a combination of models.

**Strategy 7a Family Literacy:** Increased funding from \$400,000 to \$1,000,000. The Regional Council has increased funding in this strategy to better meet the target service numbers intended originally in the SFY 2010 Regional Funding Plan. The Regional Council will continue to fund community-based programs.

**Strategy 8 Crisis Prevention:** – Increased service numbers to 300 – 1,400 families in 2011 (from 150 – 700 families in 2010). The Regional Council believes this strategy was underfunded for SFY 2010 to allow for sufficient impact within the family support continuum of services. As the RFGA for this service is not to be awarded until January 2010, the Regional Council is unsure of the actual increase to service numbers at this time.

**Strategy 10 Dental/Hearing & Vision Screening** – Added components of hearing and visual screening (10b) to the original strategy (10a). Will coordinate services in child care centers throughout the region and/or other community programs where families are seen over time (e.g., WIC clinics, library programs). New allocation will support 3,500 – 4,000 children combined for all screening types, roughly 25% of children in the region without health insurance.

**Strategy 13 Community-Based Training for Early Care and Education Professionals** – new strategy.

**Strategy 14 Additional Family Support Strategy** – new strategy. On hold by Council for further development.

**Strategy 15 Teen Parent Care Coordination** – new strategy. On hold by Council for further development. It is the Regional Council's intent to focus on teen parents. Strategy will demonstrate coordination of scholarships for infants/toddlers in accredited centers/high quality centers. Vision is to provide a comprehensive family support service that wraps scholarships, transportation assistance and parenting education at a school/community setting for 140 families in 2011.

**Needs & Assets** – The Regional Council wishes to add components to be completed in SFY 11 such as focus groups in the Region to better determine the impact of FTF interventions on early education and child care providers. This allotted funding is a placeholder at this time. The North Phoenix Council will determine the specific components and then forward to the Board for approval.



**IV System Impact. Description of how the proposed funding plan moves the region forward in changing outcomes for young children.**

As the North Phoenix Regional Partnership Council made decisions for the SFY2011 funding plan, they thoroughly considered the priorities in the region, how services (both in the identified goal area and across goal areas) can work together better, how the appropriate scope and reach within these identified strategies and goal areas can be achieved to make an impact, and how the North Phoenix Council can lay a foundation that helps to develop a service delivery network that will ensure that all children enter school healthy and ready to succeed. Very intentional decisions were made regarding chosen strategies, funding levels, and expected impact.

The North Phoenix Regional Partnership Council has a story to tell that supports the decision-making behind chosen strategies and allocation amounts. In the North Phoenix Region we know that there are approximately 65,000 children aged 5 and younger living in the region. We know that about 53 percent of these children have parents in the workforce, and that the median family income within the region is \$50,140. We know that about 19 percent of our families are living in poverty, and about 25 percent of them have no health insurance. We know we have a higher rate of teen parents than do some other communities within Maricopa County, and we know that about 26 percent of the population over 25 years of age in the North Phoenix Region does not possess a high school diploma.

First and foremost The North Phoenix Regional Partnership Council believes that every parent, as a child's primary caregiver and first teacher, should feel supported in raising their children. To that end, 45 percent of the funding in the North Phoenix Region has been allocated to family support strategies. It is understood that some parents in our region need a lot of support as they may possess several risk factors such as low education levels, low income, raising children alone, becoming a parent when still a teenager, and so on. Some parents in our region just need and/or want a gentler push to learn more about appropriate child development practices and to incorporate those into their parenting styles. The North Phoenix Regional Partnership Council has intentionally developed a continuum of family support strategies that start with a universal appeal for those wanting the gentler push, and gravitates to a more targeted approach – both in geographic area and by intensity of service delivery. This continuum of evidence-based practices starts with the universal, multi-age story times in the public library and increases in intensity and focus to comprehensive, targeted teen parent care coordination. This continuum of services not only builds on strengths in our community, but also lays a solid foundation of support to all families with young children. There is not one single strategy that can sufficiently meet all of the needs of our diverse community, but a continuum of related services that are well-coordinated, can have that impact.

**North Phoenix Regional Partnership Continuum of Family Support Strategies:**



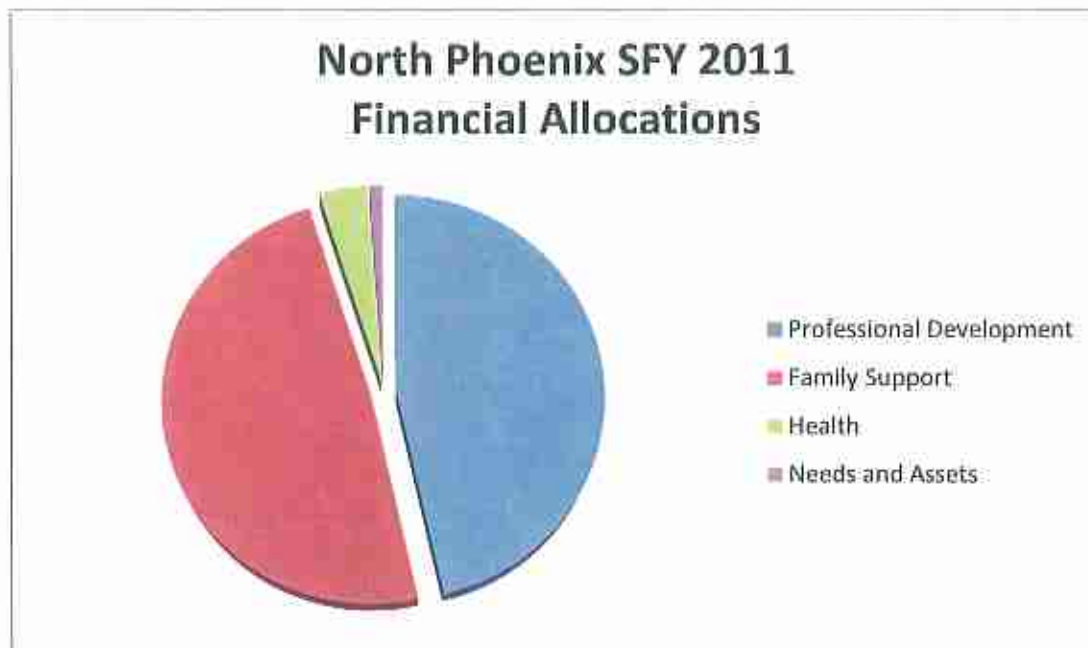
Family support means family/parent empowerment. The North Phoenix Regional Council believes that when we support parents of young children early, we will be more effective in reaching our goals. Any family living in the North Phoenix Region with a child aged 5 and younger may receive that gentle push and avail themselves of the family literacy services provided through all of the local libraries located in the North Phoenix Region, through services offered in several pediatrician offices with the Reach Out and Read Program, or through community settings that will distribute the School Readiness Kits to educate parents about early childhood. More intense programming to families with young children will be offered in additional community settings (such as child care centers or apartment community rooms) through the Raising A Reader Program and/or the Targeted Approach to School Readiness offered in the Richard E. Miller elementary school community. Through these services, North Phoenix families can be empowered to learn how to help their children learn, what is appropriate behavior in each developmental stage, how a child's brain develops, and even specific skills to increase school readiness for preschoolers.

To provide more support for community families, and to focus that support on families with younger children – most typically ages 3 and younger, the North Phoenix Regional Council continues with services on the family support continuum by adding home visitation and crisis prevention services. These strategies intentionally target a smaller group of families in our region who are more at risk – by age, socioeconomic level and education level. As teen parenthood affects both the child and the teen parent, the most targeted and intensive services on our family support continuum will need to address the needs of both. Research has shown that this wrapping of comprehensive services will serve to have an impact on reducing risk factors and strengthening protective factors in these most vulnerable families.

Supporting families completely is accomplished by supporting them in different settings, in different ways, with different levels of intensity. These combined services on the family support continuum have the potential to provide some type of service for nearly 50 percent of all children ages 0 through 5 and their families residing in the North Phoenix Region.

If a child is not being cared for by his/her parents or extended family, the next most likely place for that child to receive care is in a regulated or unregulated child care facility or home. A significant amount of licensed child care centers and homes are located within the North Phoenix Region, and the Regional Council has attempted to make funding allocation decisions based not only on achieving a desired outcome, but by also complementing these assets that already exist within the region. The Regional Council strongly believes in investing in the improvement of quality of care provided by those paid providers for our region's most precious resource, and therefore an additional 43 percent of the North Phoenix Regional Partnership Council's funds are allocated within this goal area. The Quality First Strategy, the T.E.A.C.H. Strategy, the Professional REWARD\$ Strategy, the Family, Friend and Neighbor Professional Support Strategy, the Child Care Health Consultants and Mental Health Consultants Strategies, and the Community-Based Training Strategy all work together to provide options for providers to receive additional training, improve quality, feel supported in their important work, and improve relationships with both the children they care for and their parents/families. These strategies aimed at the secondary caregiver complement and extend the impact of the vast array of family support strategies provided toward primary caregivers.





**Professional Development Strategies/Percentages of Total Allocation:**

Child Care Health Consultant/ Mental Health Consultant	Quality First!	T.E.A.C.H.	Family, Friend & Neighbor	REWARD\$	Community Based Training
18%	14%	5%	2.3%	2%	2%

The North Phoenix Regional Partnership Council believes that the funding allocations provided to this mix of professional support strategies over the next three years is sufficient to have a positive impact on the outcomes of families with young children in the region. Nearly 28 percent of the Region's children are cared for in a licensed early education setting. The North Phoenix Regional Council has allocated funding to support access to a Child Care Health Consultant and/or Mental Health Consultant to 100 percent of the regulated centers and homes in the region. The North Phoenix Regional Partnership Council intends to fund 50 percent of the licensed centers for Quality First! enrollment during the first three years of implementation. The Regional Council will assure that at least 25 percent of all eligible scholars in the region will receive a scholarship from T.E.A.C.H. in that same time frame, and of these scholars, 80 percent will receive an incentive from the Professional REWARD\$ program. An additional 600-700 children cared for in homes of family, friend or neighbor care providers will be supported through the FFN professional support strategy.

The third impact area of the North Phoenix Regional Partnership Council is to allocate funding to support an additional mixture of best-practice services to more directly impact the health needs of families with young children in our Region, with a targeted focus on prevention and increased access. Screening services will work with families in community settings and help to support early identification of dental, vision and hearing delays as well as improving parent/care giver knowledge regarding positive health practices. Increased access to early screening should not only help to

Identify possible delays, but also help to prevent any further delays through referral to follow up services. The Regional Council intends to provide sufficient funding to support nearly 25 percent of children without health insurance to receive this service. Increased access to health insurance for at-risk families in the region is the focus of the Health-E Application Strategy. Assuring that the 20+ percent of families who are eligible for public benefits in our region can successfully apply for them will be the focus of this strategy. This combination of services will again be integrated into "where families already are" by offering these services in child care centers and other easily accessible community settings. These services to increase access to preventative health screenings and health insurance will also complement those offered in the family support continuum.

Within the North Phoenix Region there exists a model for how services across goal areas can be interwoven and connected to support positive impact on early education and health outcomes for young children and their families. The community health care asset, John C. Lincoln Health Network's Desert Mission, has an excellent community reputation, multiple provider sites and multiple layers/levels of services that can be integrated with First Things First's mission and vision. Within this North Phoenix community asset, Parent Kits are released through their birthing centers; referrals are given into the region's home visitation programs; families may receive FTF supported food bank services; family literacy services are offered in their community health clinic; quality child care services are available in their accredited Lincoln Learning Center, and there is a potential for future alignment with upcoming screening efforts and crisis prevention services that have been funded for the region. The North Phoenix Regional Council identifies continued relationship building with this asset and other such community partners as a priority in the upcoming months to further effective coordination efforts within the Region.

The North Phoenix Regional Partnership Council acknowledges that it has been hard to identify needed opportunities for coordination. To date the emphasis of coordination in the North Phoenix Region has been on its grantees – specifically, to avoid duplication of services and to ensure there are linkages between providers. Currently, the existing Home Visitation grantees in the North Phoenix Region have been meeting on a regular basis with the purpose of developing the appropriate infrastructure for smooth referrals within home visitation services and other family support programs. These grantees are working together to share outreach efforts and referrals – assuring that a family requesting services will be matched with the best fit. To further support these efforts, First Things First has developed a resource guide that outlines eligibility and referral processes for all home visitation programs funded by First Things First throughout the state. This resource guide, along with another family support guide that the North Phoenix Regional Partnership Council has requested and supported with funds under the Needs and Assets line item, will also assist in better coordination of family support services in the region. These initial coordination efforts will continue and will be expanded during the next year to include other family support providers as they begin to implement services in the region. During the next funding cycle, the Regional Coordinator will continue to work with grantees to develop intentional methods for ever improving cross-referrals and coordination.

Through initial focus groups among representatives of the faith community, it was determined that these communities "wanted to do more to help families" but didn't always know how. The North Phoenix Regional Partnership Council wants to continue to work with their faith partners to develop them as a conduit for families for service coordination. Additionally, the libraries within

the region may also serve as a natural conduit for families as they are available to link families to other existing agencies and/or provide education and family support opportunities offered by other grantees right at the library. The Regional Coordinator, a sub-group of the Regional Council and community partners will continue to work together to further regional coordination efforts through these identified community partners throughout the next year. The North Phoenix Regional Partnership Council will continue to review over the next year what is working well with existing grantees; will coordinate with other regional councils within Maricopa County; and will continue to exert more focus on how best to meet this critical component within the region.

The North Phoenix Regional Partnership Council has worked diligently to identify needs in the North Phoenix Region and develop strategies that will best meet these needs. The mix of strategies within the three focused areas of family support, professional development, and health are carefully aligned to achieve desired outcomes for this community by helping to build an effective early childhood development and health system. It will be the combined strength of the strategies funded through the North Phoenix Regional Partnership Council and existing community resources that form a stronger, more capable community to meet the needs of young children and their families.



**Appendix A**  
**STRATEGY WORKSHEET**

**Strategy #10a and 10b**

**Strategy Name: Oral, Hearing, and Vision Screening**

**Strategy Description:** Increase children's access to preventive care by expanding oral health, hearing and vision screenings, applying fluoride varnishes, and referring children for follow-up treatment. This strategy will be implemented via separate components – a) oral health services, b) hearing and vision services.

If not detected and treated early, dental, vision and hearing problems in children can lead to a variety of long-term consequences.

Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. It appears that lack of dental care and incidence of tooth decay begins well before children reach school. A study completed by the Arizona Department of Health Services studying children's oral health status from 1999 to 2003 determined that 35 percent of Arizona kindergarten students (mainly 5 year olds) had untreated tooth decay, and half of Arizona kindergarteners had experience with tooth decay. This same study also found that 25 percent of Arizona kindergarten students had never been seen for a dental visit.

Fluoride varnishes are a proven intervention for reducing the incidence of dental caries (tooth decay) in young children. Oral health screenings and early exposure to positive dental practices are examples of cost effective ways to address community dental needs of young children.

Children are often unaware that they are seeing or hearing "less" than they should, and they often do not complain of visual or auditory difficulties. An understanding of the importance of vision and hearing screening by child care programs, teachers, school nurses, and parents is critical to the outcome of a student's academic success. (Information provided by Prevent Blindness America, in collaboration with professionals in Ophthalmology, Optometry, Nursing, Arizona Department of Health Services; November 2008).

During a child's first twelve years, nearly 80 percent of learning depends upon their visual sense. Vision deficits are a common problem in the preschool population, with as many as one in 20 preschoolers affected by vision problems. Early detection and treatment of these deficits will lessen the possibility of any damaging long-term effects and have a direct impact on each child's academic performance. Studies estimate that 4 out of 5 children do not have their vision screened before entering school. (same reference as above) Prevent Blindness America recommends a continuum of eye care for children to include both vision screening and comprehensive eye examinations. All children, even those with no signs of trouble, should have their eyes checked at regular intervals. Only an eye doctor can diagnose and treat a vision problem, but screenings help find children who need a full eye exam.

Hearing loss can also have devastating effects on academic, social and communication development. Even a mild or partial hearing loss can affect a child's ability to speak and understand language. Hearing loss is a common birth defect, affecting about 1 to 3 out of every 1,000 babies. Most children who are born with a hearing loss can be diagnosed through a hearing screening, and legislation has passed in 38 states to support universal hearing screening programs for newborns – occurring before discharge from the hospital. Arizona is not one of those states. Additionally, hearing loss can be caused by things like



infections, trauma and damaging noise levels, and the problem doesn't emerge until later in childhood. It is important to have a child's hearing evaluated regularly as they grow.

Screenings are optimally performed first in a medical home. The American Academy of Pediatrics describes a medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. While screenings in a medical home are optimal, they are not always possible. Many children and families lack a medical home, or even a primary care provider. Many children and families lack health coverage, or face other barriers that prevent children from receiving screenings within a medical home setting. Understanding the barriers that prevent a child from receiving screenings within a medical home setting, the National Institutes of Health recommends that screenings should occur across a variety of settings, including (but not limited to) childcare settings, community health and care fairs, community-based programs, and homes (as part of home visiting programs).

The North Phoenix Regional Partnership Council intends to focus on providing screening services with community partners such as within early education and child care settings and/or other community settings where families are seen over time (e.g. WIC clinics, library programs, parent education classes).

It is intended that the Child Care Health Consultants already funded by FTF in the region, are also linked to this strategy. One part of the CCHC training is to learn how to do vision and hearing screening with the intent that they teach center/home staff to do these themselves. Child Care Health Consultants are not expected to provide direct services to children; therefore their role in this strategy implementation would be more collaborative in coordination of service and in encouraging participation. They may be specifically utilized in such ways as to assist in finding community partners, providing referral information, tracking down lost/missing follow up information, etc.

It is intended that "child-friendly screening tools" be utilized in the provision of this service (e.g. sure sight vision screener, OAE hearing screener).

This strategy would expand and improve current efforts to provide dental, vision and hearing screenings to young children, 0-5, in the North Phoenix Region. Applicants for grants would be asked to show how they would:

- Establish, expand, or strengthen current dental, hearing and vision screening services in the region using best available practices and techniques.
- Ensure that such services are reaching children not currently receiving adequate dental, vision or hearing screening services.
- Assure that public or private health coverage are first payors of care if applicable.
- Inform parents and early childhood providers (e.g. child care professionals, teachers, school nurses) of the importance of early dental, vision and hearing screening for young children.
- Collaborate with existing providers, early care and education settings, and community-based providers in delivering such screenings.
- Collaborate and partner with existing providers and charitable groups that conduct dental, vision and hearing screenings in the region.

**Lead Goal:** First Things First will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care

**Goal:** First Things First will expand use of early screening in health care settings to identify children with developmental delay and other health needs

**Key Measures:**

- Total number and percentage of children receiving appropriate and timely oral health visits
- Ratio of children referred and found eligible for early intervention

**Target Population:**

Children aged 0 through 5 years attending early care and education centers or family child care homes in the North Phoenix Region, with priority going to those attending a center/home that is enrolled in Quality First!

Additionally, children aged 0 through 5 who are participating in other FTF funded services in the Region, and/or who are participating in on-going health/education community programming (i.e., WIC clinics, library programs, faith-based care programs, etc.) will have a secondary priority.

	SFY 2011 July 1, 2010 –June 30, 2011	SFY 2012 July 1, 2011 - June 30, 2012	SFY 2013 July 1, 2012 - June 30, 2013
<b>Proposed Service Numbers</b>	3,500 – 4,000 children Combined for all screening types		

**Performance Measures:**

- Number and percentage of children receiving screenings/proposed service numbers
- Number and percentage of children referred for early intervention/proposed service numbers
- Number of children referred that became eligible for early intervention services/proposed service numbers
- Number of communities within the region where screenings are delivered/proposed service number
- Percentage of children receiving appropriate and timely follow-up/intervention services

**SFY 2011 Expenditure Plan for Proposed Strategy**

<b>Allocation for proposed strategy</b>	\$ 740,000
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**Budget Justification:**

The types of health professionals, background, follow up; referral system and delivery are all vastly different for these types of screening services. Consequently, it is anticipated that these services will not be tied into one RFGA, but will be put into two, with the clear expectation that grantees are expected to



collaborate. As additional feedback is received from the community regarding costs and ability to coordinate with existing services, actual service number expectations will be developed for each type of screening.

Cost Estimates for Vision Screening (from Prevent Blindness America – AZ Division):

\$150 provides an eye examination and glasses for one child

\$10 provides a vision screening to one child

\$100 provides training and supplies for one school nurse

\$75 provides 100 people with resources and information at a community health fair

Otoacoustic Emission (OAE) Screening program:

1 FTE + \$10,000 for Otoacoustic Device: National Center for Hearing Assessment & Management (NCHAM)

Strategy may include training in the use of vision and hearing devices.

Cost estimates for Oral Screening and Varnishing Materials and Supplies include:

\$400 Fluoride varnish 1 application ( for 1000 children)

\$200 Medical supplies (gloves, sanitizer, gauze etc)

\$150 materials for fluoride events (color sheets, stickers, etc)

\$3,938 oral health products (toothbrushes, floss, and toothpaste @ \$2.25 per bag)

\$300 printing and materials for project/event promotion

Sample cost of \$15 - \$20 per child may include oral screening, fluoride varnish 2 x per year, toothbrush, outreach materials, technician time, and referrals as needed.

#### Strategy #13

Strategy Name: Community-Based Training for Early Child Care Professionals

**Strategy Description:**

Research literature suggests that because young children, including infants and toddlers, spend so much time in settings outside their own homes, it is especially important to ensure that early care providers and teachers understand what promotes learning and healthy social and emotional development. It is critically important for early care and education professionals to understand child development and be able to assist families and the young child when development is not progressing as it should. Every encounter with a young child is an opportunity to promote learning as well as social and emotional competence. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system.

Early care and education providers are often nontraditional students who benefit from a range of supports in professional development. The North Phoenix Regional Partnership Council understands the need to provide a variety of options to engage providers in professional development. Avenues to high quality professional development may include such options as community-based training for those beginning the journey toward their CDA; or accessible, relevant, high-quality, ongoing continuing education opportunities for those who have degrees, licenses, or credentials that they need to maintain through continuing education.

Community-based trainings have the potential to entice and encourage professionals who have been away from school for some time or who have never been engaged in formal schooling to return to the classroom or to enter the classroom for the first time. Support is needed for additional skill development among early care and education providers who may be reluctant to return to school. Many of those caring for young children do not have the information or the experience they need to help children maximize learning, identify developmental delays, or address inappropriate behaviors.

While community-based training has not been well evaluated, it does provide another logical stepping-stone to more formal and credit bearing professional development. For this reason, community-based training proposals will need to encourage and support participants to eventually continue their education through college credit coursework and/or participation in T.E.A.C.H. and *Quality First!* Ongoing training and preparation opportunities should be structured to encourage and support all individuals working with young children to improve their knowledge and skills and should move individuals along a specific continuum of core competencies.

Participants in these community-based trainings will be expected to provide evidence that they are receiving training in at least one of the six competency goal areas of the Child Development Associate (CDA) credential: establishing a safe, healthy learning environment; advancing physical and intellectual competence; supporting social and emotional development and positive guidance; establishing productive relationships with families; ensuring a well run purposeful program responsive to participant needs; and maintaining a commitment to professionalism.

In addition to professional development for early childhood teachers, assistants and caregivers, researchers and policy makers across the country are beginning to put more focus on enhancing leadership and administrative skills among child care administrators in order to enhance program quality. It is well documented that a wide variation in the professional development of the center director produces wide (positive and negative) variations in practical competence, program quality, and outcomes for children. Education and training of both early childhood teachers and administrators are strongly related to early childhood program quality and program quality predicts developmental outcomes for children.

Community-based professional development opportunities should be designed and implemented



according to the following principles:

1. Training should be based on current research, core areas of competency, and early learning standards.
  - a. Curriculum should incorporate and reflect the theoretical framework that informs practice in the classroom.
2. Participants should be afforded opportunities for practical application of the theoretical foundation to real-life classroom activities and situations.
  - a. Training experiences should be relevant to the participant's background and current role and provide a pathway leading to a specific goal such as a Child Development Associate (CDA) or other.
3. Instructors should possess appropriate credentials and experience in conducting professional development activities.
4. Training sessions should involve adult learning techniques for participants.
5. Professional development should include opportunities for on-site technical assistance, mentorship, and supervision.
6. Instructors should be knowledgeable about and possess experience in working with both adult learners and young children birth through age five.
7. An assessment should be implemented of the outcomes of the training (either through a pre/post assessment or a follow-up visit by a mentor or coach to determine if professional practice has been changed based upon what was learned in the training) before a certificate of completion is awarded.

**Lead Goal:** FTF will build a skilled and well prepared early childhood development workforce.

**Goal:** FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.

**Key Measures:**

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

**Target Population:**

All early childhood professionals in the North Phoenix Region (providers, caregivers, directors, and owners) who need professional development opportunities in order to improve their skills in working with children ages 0 through 5, and are not currently participating in Quality First! or T.E.A.C.H.

	SFY 2011 July 1, 2010 –June 30, 2011	SFY 2012 July 1, 2011 - June 30, 2012	SFY 2013 July 1, 2012 - June 30, 2013
<b>Proposed Service Numbers</b>	The Council will establish service numbers based on review of proposals and final		

NORTH PHOENIX REGIONAL PARTNERSHIP COUNCIL REGIONAL FUNDING PLAN  
2011Allocation: \$10,137,299

	awards.		
<b>Performance Measures:</b> <ul style="list-style-type: none"><li>• Number of research based professional development, field trips, etc. offered /strategic target number</li><li>• Number of participants showing an increase in awareness and skills through a pre/post survey linked to evidence-based curricula, regulations, and Quality First standards (minimum questions provided by First Things First staff)/strategic target number</li><li>• Number of participants reporting satisfaction with provided services (minimum questions provided by First Things First staff)/actual service number</li><li>• Number of participants recruited/proposed service number</li><li>• Number of participants/number of participations recruited</li><li>• Number of participants progressing towards or completing educational goals / number of participants</li><li>• Rate of participant turnover/strategic target number</li><li>• Number of participants satisfied with professional development opportunities (minimum questions provided by First Things First staff)/strategic target number</li></ul>			
<b>SFY 2011 Expenditure Plan for Proposed Strategy</b>			
<b>Allocation for proposed strategy</b>	\$ 200,000		
<b>Budget Justification:</b> <p>Using this funding level, stakeholders will be invited to submit specific costs and service numbers to implement this strategy.</p> <p>Training options may include on-going, short-term content-based workshops and/or day long community conferences.</p> <p>Covered expenses could include keynote speakers/conference or workshop presenters, travel fees, conference/training location fees, materials and outreach, other space costs, administrative costs, other personnel (i.e., coaches, administrative staff), etc.</p>			